

Security Pass and ID Card Application and Amendment Form

Note: Please complete this form in BLOCK CAPITALS

Tick ☒ and confirm where required

To be completed by recruiting manager / line manager

New starter ID card		Card amendment required		Security pass number	
Reason for amendment					

Card holder data:

Surname of applicant		Forename of applicant	
Name to print on card (27 Characters maximum)			
Permanent place of work (building & floor)		Department	
Floor	Level		
Job Title to print on card (27 Characters maximum)			
Male		Female	
CRB / DBS Disclosure number (supplied by Recruitment)			Clearance received

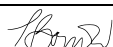
Status:

UCLH Staff Permanent		UCLH Staff Temporary		Assignment duration (end date)		External UCLH Contractor	
Honorary		Student		Course duration (completion date)		Volunteer	
Contractor Company				Contract duration (end date)		Majax Card	
Email Address							
Mobile phone or contact number				UCLH Phone extension number			

Card Access Requirement:

Access to areas / specific door requirement	
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Authorising Signature:

Department	Phone Number	Budget Code	
Surname		Forename	
Position		Signature	

To be completed by ID card bearer before printing and collection of their card.

I have checked the above details and confirm they are correct for the production of my ID card.

I will notify and update the ID card administration team to the best of my knowledge changes in my;

Employment status, name, place of work or role within UCLH.

In accepting this card I undertake to be familiar with the relevant UCLH policies and procedure, and specifically:

In accepting this card I accept liability for any card replacement costs by failing to follow any of the above mentioned procedures.

I will not permit any other person(s) to use or allow any other person(s) access with my card.

I will prevent and not promote tailgating at access controlled doors.

I will make myself aware of the emergency evacuation procedures

ID Card holder's signature	Date
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Please return this form to uclh.enquiry.idcardadmin@nhs.net for access requirement changes. When a card is to be collected this form will need to be signed by the card bearer to receive their ID card.

uclh

University College Hospital

National Hospital for Neurology and Neurosurgery

Eastman Dental Hospital

Royal National Throat, Nose and Ear Hospital

Heart Hospital

Royal London Hospital for Integrated Medicine

C* Cure PID Ref #

By ID Admin